

BEST AVAILABLE COPY

CLAIMS ONLY						Application Number 09/656170	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						
2	1						
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43	1						
44	1						
45	1						
46	1						
47	1						
48	1						
49	1						
50	1						
Total Indep	6						
Total Depend	19						
Total Claims	25						
Total Indep							
Total Depend							
Total Claims							